

# GOUT News & Views

Keeping you up to date with the latest meetings, research and literature on gout

## Focus on Diagnosis

Volume 1, Issue 1

### In the Know— Gout in Your Practice

#### Are You in the Know? Take the quiz and find out.

1. Risk for gout symptoms increases steadily at concentrations higher than \_\_\_ mg/dL.

- 6.0 mg/dL  
 7.0 mg/dL  
 8.0 mg/dL

Click [here](#) to learn more about the pathophysiology of hyperuricemia.

2. Of gout patients older than 60 years, \_\_\_ are women.

- 25%  50%  75%

To learn more about gout diagnosis, click [here](#).

3. A 2007 study demonstrated that \_\_\_ of gout patients also have comorbid metabolic syndrome.

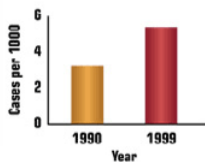
- <10%  40%  >60%

See below for answers.

#### DID YOU KNOW?

Gout prevalence increased over a 10-year period.

US managed care data reported an increased gout prevalence from 1990–1999



From Wallace et al. 2004.

Click [here](#) to learn more about gout epidemiology.

**IN THE NEXT ISSUE—**  
Look for treatment practice pearls.

#### Answers:

1. 6.0 mg/dL  
2. 50%  
3. >60%

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### Meeting Highlights...

#### HYPERURICEMIA AND GOUT SUMMIT ADDRESSES CURRENT PRACTICE CHALLENGES

Scottsdale, AZ—The Hyperuricemia and Gout Summit convened in October 2007 to explore the range of issues surrounding current gout management. Fifty-five primary care physicians discussed diagnosis and treatment of this disease through faculty presentations and case-based breakout sessions.

**Key learnings** regarding the **diagnosis of gout** derived at the meeting were as follows:

- A presumptive diagnosis of gout may be made when synovial fluid analysis cannot be done.
  - *Up to 76% of summit participants are unlikely to perform a joint tap when diagnosing gout.*
- A presumptive diagnosis includes physical examination and a thorough patient and family history.
- The first gout attack is usually monoarticular, and in 50% of patients, involves the first MTP joint. However, gout should be considered in other commonly affected joints, including ankles, knees, wrists, elbows and fingers.
- More vigilance in monitoring patients with gout is needed. Serum urate values and kidney function should be evaluated regularly.
  - *The summit panel recommends assessing serum urate levels every 6 months to 1 year, even if the patient is well-controlled.*

Expert faculty members at the summit were Robin K. Dore, MD, University of California at Los Angeles; N. Lawrence Edwards, MD, University of Florida, Gainesville; Brian F. Mandell, MD, PhD, The Cleveland Clinic, Cleveland, Ohio; H. Ralph Schumacher, Jr, MD, University of Pennsylvania, Philadelphia; and Arthur L. Weaver, MD, University of Nebraska Medical Center, Omaha.

**IN THE NEXT ISSUE—**Look for key learnings on treatment approaches.

### Journal Highlights...

#### UP TO 3 MILLION HAVE GOUT

The authors of this report updated current prevalence data on gout to 3.0 million people, up from an estimate of 2.1 million in 1995. The full report appears in the January 2008 issue of *Arthritis & Rheumatism* (2008 Jan;58(1):26-35) and is available free online in pdf format.

**Point your browser to:**

<http://www3.interscience.wiley.com/cgi-bin/fulltext/117874826/PDFSTART>.

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#### GOUT HAS SERIOUS IMPLICATIONS FOR US VETERANS

According to the authors, patients with gout had significantly more annual primary care visits (3.5 vs 2.7,  $P<.0001$ ) and hospitalizations (18.3% vs 15.1%,  $P<.01$ ). Worse HRQOL, poorer function and higher mortality were attributed to more comorbidities and specific sociodemographic characteristics. The article appears in the January 2008 issue of *Annals of Rheumatic Disease* (2008 Jan 4 [Epub ahead of print]). The abstract is available online.

**Point your browser to:**

<http://ard.bmj.com/cgi/content/abstract/ard.2007.081604v1>.

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